

Super-Condensed

**GP Curriculum Guide** 

Paediatrics

**CSR** 

CS/Trainee meetings action planning

**Curriculum Guide** 

**Confidence Rating Scale** 

# Introduction

#### **Rationale**

The Super Condensed Curriculum Guide has been created as a package to be used by both Clinical Supervisor and GP Specialty Trainees in order to support hospital units and their attached Clinical Supervisors deliver an educational experience of the highest quality feasible that is relevant to the GP trainee, thus improving consistency of approach and outcome throughout the region.

### The Confidence Rating Scale

The confidence rating document is designed for use by the trainee in preparing for the post and for the first meeting with the CS. Although not exhaustive, it provides a list of clinical conditions and issues pertinent to the specialty, requiring the trainee to rate their confidence in these areas at the start (and possibly middle and end) of the post. Areas for further development can be identified, and discussion promoted around these at the first CS meeting thereby providing a platform for negotiating how these needs could be met in the post. It also provides space to document points for action which can be recorded as part of a PDP in the eportfolio.

#### The Guide

The Guide highlights areas of curriculum relevant to the specialty and groups these into "geographical" areas where learning needs might be achieved e.g. acute, chronic, community, as well as including core skills and technical skills to be achieved. It also makes suggestions for additional learning opportunities within the post e.g. teaching and audit. Some posts offer opportunities for learning that relates to other areas of the curriculum, and these are highlighted. The idea is that this would inform the supervisor and stimulate discussion regarding possible learning needs and how these might be addressed -for example, that the trainee may need to attend outpatient clinics or community day hospitals to fulfill learning needs which cannot be met on the wards.

#### The flowchart

The supervisor meeting flowchart clearly lays out the tasks for each meeting and the preparation needed before and after each. This is to aid CS and trainee to create both a structure and a timeline for discussion and the workplace based assessments. The hope is that this would enable a more focussed and confident approach to identifying and meeting objectives in trainee education and assessment.

# **Clinical Supervisor Overview**

### Role and responsibilities of Clinical Supervisor for GPST

- Oversee day to day work of the trainee (direct contact or delegated)
- Hold 3 formative meetings with the trainee using the "Super Condensed" Curriculum Guide (gather and collate information from other sources)
- Sign off Workplace based assessments (WPBA)
  - 3 x Case Based discussions (CBD)
  - 3 x Mini-Clinical Evaluation Exercise (Mini-CEX)
  - Direct Observation of Procedural Skills (DOPS)
  - Multi-source feedback (MSF) 5 clinicians only

NB assessments can be undertaken by other appropriate members of staff: Associate specialists, staff grades, enhanced nurse practitioners, specialty trainees >ST4

- Ensure trainees are aware of their responsibilities for patient safety
- Be the trainee's initial point of contact for specific issues relating to their post
- Support the trainee in attending GPST focussed educational opportunities: HBGL monthly meeting; GPST Core Curriculum Course.
- Communicate and record appropriately any concerns about a trainee's progress and development to their GP Educational Supervisor and TPD
- Complete a Clinical Supervisors report (CSR) at the end of placement

#### **Guide to Clinical Supervisor Report**

This report should be completed as part of the last appraisal meeting with your trainee prior to their 6 monthly review with their GP Educational Supervisor, or at the end of each 6 month placement (see timeline on flow chart). The e-Portfolio has a section for the Clinical Supervisor to write a short structured report on the trainee at the end of each hospital post.

#### This covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies, grouped into 4 Relationships, Diagnostics, Clinical Management, Professionalism
- This is based on the level that you would expect an ST trainee to have i.e. ST1 or ST2.

The electronic form provides reminders of the definitions of the competences to make writing the report easier (word pictures). It may also be helpful to refer to the relevant curriculum statement(s) on the RCGP website in reporting on the knowledge and skills relevant to the post.

#### The report should identify and comment on:

- Any significant developmental needs identified during a placement, and also point out any areas where the trainee has shown particular strengths.
- The progress of the trainee in terms of the evidence of competence (it is not a pass/ fail report).

If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal acute trust/ PCT/ Deanery mechanisms.

### Completing assessments or CSR electronically

◆ The simplest way is to go to:

https://eportfolio.rcgp.org.uk/login.asp

- click on the **Assessment form page**
- complete the details page and click on CSR at the bottom.
- complete the form with the trainee present and submit.
- Or you can log in with your RCGP login details to:

https://eportfolio.rcgp.org.uk/login.asp

- Select your trainee
- Left hand navigation bar > click evidence
- Scroll down to find the relevant post
- Click under CSR (hand with pen)
- Complete documentation with trainee present and submit

# Timeline for Clinical Supervisor/Trainee Meetings

# **Preparation**

- Trainee looks at "super-condensed" guide & confidence rating scale for specialty & identify any issues that need to be discussed
- Review the previous CSR

# **Initial Meeting**

- Trainee & Clinical Supervisor meet within 2 weeks of starting post
- Discuss ideas, concerns & expectations for the post and how to focus learning in areas of identified needs.
- Discuss plans for GPST HBGL attendance in this post.
- Complete a brief learning plan together, trainee documents in the e-portfolio learning log and creates a pdp for each category.
- Clinical Supervisor documents brief summary of meeting in the educator notes.
- Both set dates and times for completion of relevant WPBA assessments
- Set date and time for mid post review

# **Mid Post Meeting**

- Review progress with action plan, confidence rating scale, MSF (if required) and consider pointers for needs
- Discuss general progress using the RDMp model as a guide (see CSR)
- Clinical supervisor documents in educator notes and trainee documents in e-portfolio learning log and updates pdp and learning plan
- If any concerns contact the trainee's GP Educational Supervisor/GP unit or TPD

# Towards the End of the Post

- The final meeting should have occurred by January or mid June prior to the ARCP panel meeting
- Review progress with mandatory elements of WPBA and any further evidence including audit & SEA
- Complete CSR documentation
- If any concerns contact the trainee's GP Educational Supervisory/GP unit or TPD
- Trainee completes the Deanery post assessment questionnaire (PAQ)

August or February August or February Assessments

End October or April

Assessments

January or Mid June

**CSR** 

# The Trainee's Responsibilities

#### The Trainee has agreed to the following responsibilities at the commencement of their training:

- to always have at the forefront of my clinical and professional practice
  the principles of *Good Medical Practice* for the benefit of safe patient
  care. Trainees should be aware that *Good Medical Practice* (2006)
  requires doctors to keep their knowledge and skill up to date throughout
  their working life, and to regularly take part in educational activities that
  maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales

- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual GMC/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

#### In each placement the Trainee agrees to:

- Complete the confidence rating scale prior to each meeting with their clinical supervisor.
- Discuss with their clinical supervisor their learning needs based on their confidence ratings and create an action plan
- Create a pdp, using SMART objectives, based on the action planning undertaken at any meeting with their clinical supervisor
- Actively engage with my clinical supervisor in addressing any feedback or raising any issues which may impact on their performance
- Actively engage with completing their required assessments in a timeous manner
- Complete their e-portfolio as required by the Deanery and RCGP
- Complete the annual GMC trainee survey.

# **Learning Opportunities**

#### Paediatric A/E

- Foreign body management
- Use of intra-osseous needle
- Paediatric fractures e.g. greenstick & soft tissue injuries
- Wound closure techniques in children
- Anaphylaxis
- Poisoning in paediatrics
- Head injury
- Burns

### **Community/MDT**

- Liaison, Co-ordination of care as advocate
- Awareness of other agencies roles and remit e.g. HV, Social workers, police, allied health care professionals, community paediatricians, CAMHS

#### **Other Opportunities**

- Out of Hours in GP
- Outpatients/specialised clinics
- Child Health Surveillance
- Community Child Health
- O/G neonatal checks
- CAMHS clinics

#### Acute

#### The Sick Child: Recognition & Management

- Presentations:
- Vomiting, rash, fever, abdominal pain, acute shock, altered consciousness, anaphylaxis, scrotal pain
- Acute exacerbation of chronic illness: Asthma, diabetes, epilepsy, dysrthymias
- Acute Infections: Respiratory tract infections, urinary tract infections, meningitis

#### **Chronic**

- Diabetes
- Asthma
- Failure to thrive
- Paediatric Cardiac Conditions
- Childhood Cancers
- Learning disabilities
- Mental Health/psychological problems
- Enuresis, bullying, ADHD, eating disorders
- Orthopaedic problems e.g. the limping child

## **Core Themes**

#### **Communication and Consultation**

- the uncooperative child, the anxious parent, breaking bad news, competency and consent

The normal and the abnormal - developmental milestones/relationships

Prescribing - dosage and fluids

Safeguarding and protecting - abuse, vulnerable groups, NAI, impact of drug and alcohol misuse

Health promotion & prevention - screening, immunization, parenting skills

#### **Technical Skills**

- Phlebotomy in children
- IV antibiotics
- Paediatric & Neonatal CPR
- Neonatal Assessment
- Developmental examination
- Demonstration of epi-pen

#### **Tips**

- Audit
- Significant Event Analysis
- Clinical governance
- Risk Assessment
- Dr as teacher
- Leadership
- Local Immunisation policy

# Confidence Rating Scale

### **Care of Children and Young People**

Below are some of the issues pertinent to the care of children and young people which will be encountered in a Paediatric Post. To help you to organise your thoughts they have been grouped into competency areas. The list has been drawn together from "highlights" from the GP Curriculum and RCGP Learning Outcomes for Care of Children and Young People and is by no means exhaustive. To ensure a rich experience it is important to think broadly around topics/ experiences. This document is intended to help identify areas for further development and creation of specific learning needs for the post. Please record your level of confidence for each bullet point by ticking in the Red (no confidence), Amber (some confidence) or Green (confident) columns. This should be completed in preparation for your first meeting with your Clinical Supervisor and will help you create a baseline from which you can monitor your progress during the placement.

Clinical Management, Data Gathering, Making a Diagnosis, Managing Complexity			
How confident do you feel in the assessment, investigation, diagnosis and management of the following conditions/situations? (This requires skills in <b>acute</b> , <b>chronic</b> , <b>preventative</b> and <b>emergency</b> care and a knowledge of the epidemiology of children /younger people's problems).	X	X	Х
SYMPTOMS – do you feel comfortable creating a differential diagnosis for the presentations below and a framework for further investigation?			
Abdominal Pain			
Behavioural Problems			
Developmental delay			
Failure to thrive and growth disorders			
Vomiting, fever, drowsiness			
CONDITIONS			
CVS e.g. heart murmur and congenital heart defects			
Renal/GU e.g. UTI, enuresis			
Respiratory e.g. bronchilitis, croup, cough/dyspnoea, wheeze			

How confident do you feel in the assessment, investigation, diagnosis and management of the following conditions/situations? (This requires skills in <b>acute</b> , <b>chronic</b> , <b>preventative</b> and <b>emergency</b> care and a knowledge of the epidemiology of children /younger people's problems).	Х	X	X
Neurology e.g. learning disability, cerebral palsy, epilepsy			
Mental Health e.g. depression/anxiety, eating disorders, ADHD, autism, substance misuse and self harm			
Metabolic e.g. Diabetes			
Musculoskeletal e.g. arthritis, poor mobility/deformity & fractures			
Gastroenterology e.g. constipation, pyloric stenosis, colic, gastroenteritis, encopresis			
Dermatology e.g. rashes related to viral illness, eczema, wound management			
Haematology e.g. leukaemia and lymphoma			
ENT e.g. foreign bodies, otitis media/externa, deafness			
Neonatal problems e.g. feeding, jaundice, poor weight gain, sticky eye			
• Acute/Emergency Situations and Conditions e.g. meningitis, CR arrest including choking, asthma, febrile convulsions, recognition of unwell child, anaphylaxis, poisoning, head injury, burns, non-accidental injury			
TECHNICAL AND ASSESSMENT SKILLS e.g. venepuncture, CPR, developmental assessment of newborn and toddler			
NORMAL e.g. developmental milestones, vitals			
Communication/Working with Colleagues			
How confident do you feel about addressing issues related to, and co-ordinating the involvement of the following services?	X	X	X
Patients e.g. encouraging contribution where appropriate, unco-operative child			
Parents e.g. respect and support, encouraging skill development, anxious parent			
MDT e.g. SW, MW, health visitor			
• Carers			
Care of children with chronic conditions			
Pharmacy – correct calculation of dosages for children			

Summary of Learning Needs/Points for Action
Looking at the areas above which you have marked amber or red, not the specific learning needs to target during this post and how you might achieve these (including outpatient clinic, home visits, hospital at night etc). Discuss your identified learning needs with your Clinical Supervisor.



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